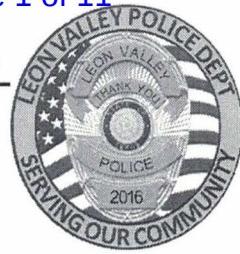




City of Leon Valley Police Department



David Bailey
164 Elizabeth
San Antonio, Texas 78209

June 21, 2018

This letter is to inform you that the Leon Valley Police Department is holding property in which you may have ownership interest. A description of that property is set out below. In accordance with the Texas Code of Criminal Procedure Art. 18.17, if you do not assert your claim within ninety (90) days of the date of this notice, the property will be disposed of and the proceeds, after deducting the reasonable expense of keeping such property and the costs of the disposition, placed into the treasury of the City of Leon Valley. The Police Department is authorized to charge a property processing fee of twenty- five dollars (\$25.00) for the processing of all personal property being retrieved by or returned from the property room. The term "Personal Property" as used by this subsection, shall refer to property which, at the time of its release, is not classified as evidence, recovered property, or found property. Fees must be paid by exact cash, cashier's check, money order, or credit card at 3% fee.

You may assert your claim by contacting the Property and Evidence Storage Office, in person, at 6400 El Verde Rd. Leon Valley, Texas 78238 within the next ninety (90) days. You may also be required to present your claim, setting out the facts evidencing ownership to a Municipal Judge. If you have any questions please call (210) 684-1391 Ext. 257.

| CASE # | Date Impounded | Description |
|-----------|----------------|-----------------------------------|
| 201803942 | 06.21.2018 | Tablet Unknown Brand/ Burned Blue |
| Line Flag | | |

ER. 567
 Thank you,
Officer E.Rivera #567
 Property Detail
 Leon Valley Police Department

Exhibit
D

7017 2680 0001 0267 3815

| U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i> | |
|---|--|
| For delivery information, visit our website at www.usps.com ®. | |
| OFFICIAL USE | |
| <input type="checkbox"/> Certified Mail Fee \$ _____ <input type="checkbox"/> Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____ | |
| <input type="checkbox"/> Postage \$ _____ <input type="checkbox"/> Total Postage and Fees \$ _____ \$ 6.67 | |
| Sent To David Bailey <i>Street and Apt. No., or PO Box No. 164 Elizabeth San Antonio, Texas 78209</i> | |
| <small>City, State, ZIP+4®</small> | |
| <small>PS Form 3800, April 2015 PSN 7530-02-000-9047</small> | |
| <small>See Reverse for Instructions</small> | |

Authorization for Release of Property

Date: _____

To Whom It May Concern:

I, _____, give authorization to _____
(Print Name) (Print Name)

(My "Authorized Representative") to pick up my property ("Property") that is being held either at the Leon Valley Police Department (LVPD) Property and Evidence Room or in a City of Leon Valley interest-bearing bank account for my benefit.

In the event the Property consists of money, I authorize LVPD to deliver the Property to my Authorized Representative in the form of a City of Leon Valley check payable to my order in the proper amount ("Check"). I understand and agree that it may take up to 5 business days after this form is properly completed, signed and verified by myself and my Authorized Representative and delivered to and received at the LVPD Property and Evidence Room for the check to be prepared and delivered to my Authorized Representative. I also understand and agree that my Authorized Representative will pick up and sign a receipt for the Check at LVPD Property and Evidence Room.

I and my Authorized Representative hereby jointly and severally release the City of Leon Valley, its officers, employees, representatives and attorneys from any and all claims, liabilities, demands, or cause of action for costs, fees, expenses, charges or other sums (including court costs and reasonable attorney's fees) of any nature or type whatsoever, which are directly or indirectly related to LVPD's delivery and release of the Check to my Authorized Representative.

I and my Authorized Representative hereby jointly and severally indemnify and hold the City of Leon Valley, its officers, employees, representatives and attorneys harmless from and against any and all claims, liabilities, demands, or causes of action for costs, fees, expenses, charges or other sums (including court costs and reasonable attorney's fees) of any nature or type whatsoever, which are directly or indirectly related to LVPD's delivery and release of the Check to my Authorized Representative.

Signature of Owner _____ Date _____ Social Security # _____

Signature of Authorized Representative _____ Date _____ Driver's License or ID # _____

Sworn to and subscribed to before me on this _____ day of _____, 20 _____.
*18-3942 am
6-21-18*

Notary Public, State of Texas
Exp. Date _____



POLICE DEPARTMENT
CITY OF LEON VALLEY

6400 EL VERDE RD.
LEON VALLEY, TEXAS 78238

CERTIFIED MAIL®



7017 2680 0001 0267 3815



U.S. POSTAGE PITNEY BOWES



ZIP 78238 \$ 006.67⁰
02 4W
0000354899 JUN. 06. 2018

RECEIVED
JUN 28 2018

BY: _____

NIXIE 782 DE 1 0006/27/18

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BCI: 78238232200 *2093-04455-27-15

PROPERTY ROOM
E. R. PERALTA 06/27/18
782086582B3 E2

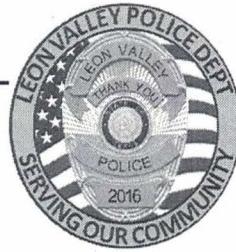
18-3942

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

| | | | |
|--|--|--|---|
| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
| <ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits. | | A. Signature | B. Received by (Printed Name) C. Date of Delivery |
| 1. Article Addressed to: <i>David Bailey 1644 Elizabeth San Antonio, Texas 78209</i> | | X | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
| | | 3. Service Type | <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery <input type="checkbox"/> D) |
| 2. Article Number (Transfer from service label) <i>7017 2680 0001 0267 3815</i> | | <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery | |
| PS Form 3811, July 2015 PSN 7530-02-000-9053 <i>18-3942</i> Domestic Return Receipt | | | |



City of Leon Valley Police Department



Joseph Pierce
644 Kerry St.
Crowley, Texas 76036

June 27, 2018

This letter is to inform you that the Leon Valley Police Department is holding property in which you may have ownership interest. A description of that property is set out below. In accordance with the Texas Code of Criminal Procedure Art. 18.17, if you do not assert your claim within ninety (90) days of the date of this notice, the property will be disposed of and the proceeds, after deducting the reasonable expense of keeping such property and the costs of the disposition, placed into the treasury of the City of Leon Valley. The Police Department is authorized to charge a property processing fee of twenty- five dollars (\$25.00) for the processing of all personal property being retrieved by or returned from the property room. The term "Personal Property" as used by this subsection, shall refer to property which, at the time of its release, is not classified as evidence, recovered property, or found property. Fees must be paid by exact cash, cashier's check, money order, or credit card at 3% fee.

You may assert your claim by contacting the Property and Evidence Storage Office, in person, at 6400 El Verde Rd. Leon Valley, Texas 78238 within the next ninety (90) days. You may also be required to present your claim, setting out the facts evidencing ownership to a Municipal Judge. If you have any questions please call (210) 684-1391 Ext. 257.

| CASE # | Date Impounded | Description |
|---|-------------------------------------|--|
| 201804036 | 06.23.2018 | |
| Black Computer Mouse/ Silver USB Cord/ Small Tri | | U.O. Black Product Backpack/ |
| Brown Box with 2 Batteries and USB Cord/ Cell Ph | | U.S. Postal Service™ |
| White Samsung AC Adapter/ Black ZTE Wall Plug | <input checked="" type="checkbox"/> | CERTIFIED MAIL® RECEIPT |
| Portable Charger (Cigarette Plug)/ Wall Plug Char | <input checked="" type="checkbox"/> | <i>Domestic Mail Only</i> |
| Debit Mastercard/ Black Electrical Tape/ \$19.50 US | <input checked="" type="checkbox"/> | For delivery information, visit our website at www.usps.com ®. |

Enika R. 507

Thank you,
Officer E.Rivera #567
Property Detail
Leon Valley Police Department

| | |
|---|--|
| OFFICIAL USE | |
| Certified Mail Fee | |
| \$ | |
| Extra Services & Fees (check box, add fee as appropriate) | |
| <input type="checkbox"/> | Return Receipt (hardcopy) \$ _____ |
| <input type="checkbox"/> | Return Receipt (electronic) \$ _____ |
| <input type="checkbox"/> | Certified Mail Restricted Delivery \$ _____ |
| <input type="checkbox"/> | Adult Signature Required \$ _____ |
| <input type="checkbox"/> | Adult Signature Restricted Delivery \$ _____ |
| Postage | |
| \$ | |
| Total Postage and Fees | |
| \$ 10.40 | |
| Sent To | |
| Joseph Pierce | |
| Street and Apt. No., or PO Box No. | |
| 6044 Kerry St. | |
| City, State, ZIP+4 | |
| Crowley, Texas 76036 | |

Authorization for Release of Property

Date: _____

To Whom It May Concern:

I, _____, give authorization to _____
(Print Name) (Print Name)

(My "Authorized Representative") to pick up my property ("Property") that is being held either at the Leon Valley Police Department (LVPD) Property and Evidence Room or in a City of Leon Valley interest-bearing bank account for my benefit.

In the event the Property consists of money, I authorize LVPD to deliver the Property to my Authorized Representative in the form of a City of Leon Valley check payable to my order in the proper amount ("Check"). I understand and agree that it may take up to 5 business days after this form is properly completed, signed and verified by myself and my Authorized Representative and delivered to and received at the LVPD Property and Evidence Room for the check to be prepared and delivered to my Authorized Representative. I also understand and agree that my Authorized Representative will pick up and sign a receipt for the Check at LVPD Property and Evidence Room.

I and my Authorized Representative hereby jointly and severally release the City of Leon Valley, its officers, employees, representatives and attorneys from any and all claims, liabilities, demands, or cause of action for costs, fees, expenses, charges or other sums (including court costs and reasonable attorney's fees) of any nature or type whatsoever, which are directly or indirectly related to LVPD's delivery and release of the Check to my Authorized Representative.

I and my Authorized Representative hereby jointly and severally indemnify and hold the City of Leon Valley, its officers, employees, representatives and attorneys harmless from and against any and all claims, liabilities, demands, or causes of action for costs, fees, expenses, charges or other sums (including court costs and reasonable attorney's fees) of any nature or type whatsoever, which are directly or indirectly related to LVPD's delivery and release of the Check to my Authorized Representative.

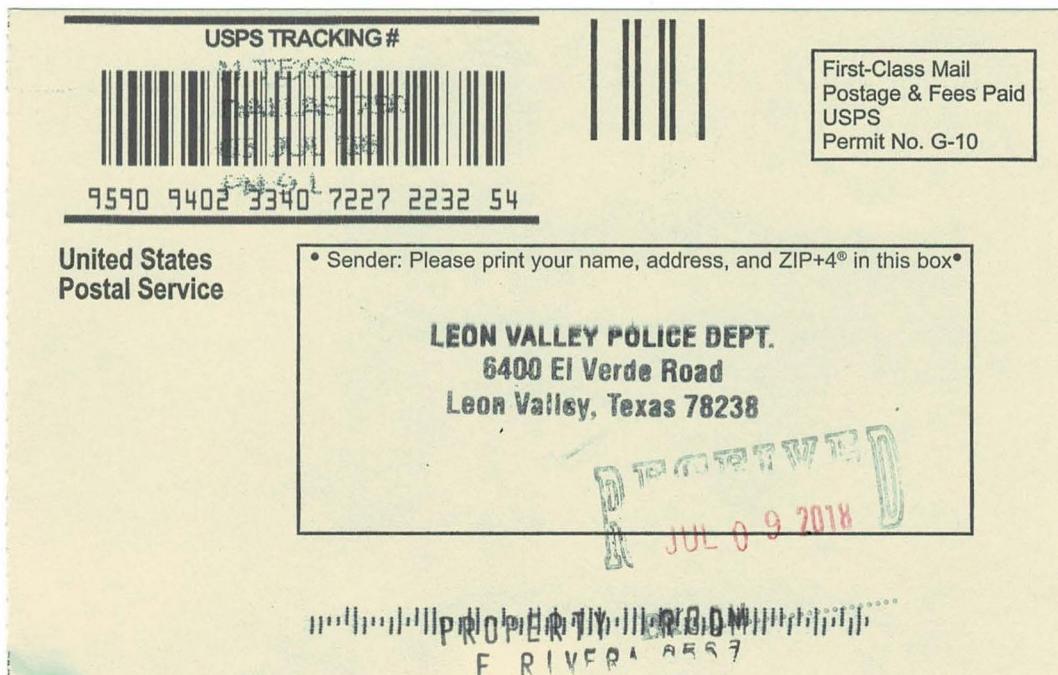
Signature of Owner _____ Date _____ Social Security # _____

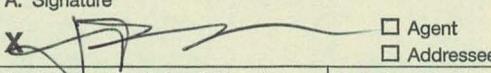
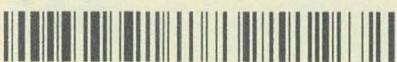
Signature of Authorized Representative _____ Date _____ Driver's License or ID # _____

Sworn to and subscribed to before me on this _____ day of _____, 20 _____.

Notary Public, State of Texas
Exp. Date _____

18-40340
18-40340



| | | | | | | | | | | | | | | | | | |
|--|---|--|--|--|---|--|---|--|--|--|---|--|--|--|---|---------------------------------------|--|
| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | | | | | | | | | | | | | | | |
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature </p> <p>B. Received by (Printed Name) Joe Pierce</p> <p>C. Date of Delivery 7-3-18</p> | | | | | | | | | | | | | | | |
| 1. Article Addressed to: Joseph Pierce 1044 Kerry St. Crawley, Texas 76036 | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | |
|  9590 9402 3340 7227 2232 54 | | <p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> </table> <p>Mail Restricted Delivery 00)</p> | | <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ | <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail | | | | | | | | | | | | | | | | | |
| 2. Article Number (Transfer from service label) 7017 2680 0001 0267 3860 | | Domestic Return Receipt PS Form 5011, July 2015 PSN 7530-02-000-9053 18-4036 | | | | | | | | | | | | | | | |



City of Leon Valley Police Department



James Springer
3006 Chiesa
Rowlett, Texas 75088

July 10, 2018

This letter is to inform you that the Leon Valley Police Department is holding property in which you may have ownership interest. A description of that property is set out below. In accordance with the Texas Code of Criminal Procedure Art. 18.17, if you do not assert your claim within ninety (90) days of the date of this notice, the property will be disposed of and the proceeds, after deducting the reasonable expense of keeping such property and the costs of the disposition, placed into the treasury of the City of Leon Valley. The Police Department is authorized to charge a property processing fee of twenty- five dollars (\$25.00) for the processing of all personal property being retrieved by or returned from the property room. The term "Personal Property" as used by this subsection, shall refer to property which, at the time of its release, is not classified as evidence, recovered property, or found property. Fees must be paid by exact cash, cashier's check, money order, or credit card at 3% fee.

You may assert your claim by contacting the Property and Evidence Storage Office, in person, at 6400 El Verde Rd. Leon Valley, Texas 78238 within the next ninety (90) days. You may also be required to present your claim, setting out the facts evidencing ownership to a Municipal Judge. If you have any questions please call (210) 684-1391 Ext. 257.

CASE # **201803942** Date Impounded **06.18.2018**
Ruger SR40c SN: 345-03584/ Ruger Magazine/ Blackhawk

Thank you,
Officer E. Rivera #567
Property Detail
Leon Valley Police Department

| | |
|---|--|
| <p style="text-align: center;">U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i></p> | |
| <p>For delivery information, visit our website at www.usps.com®.</p> | |
| OFFICIAL USE | |
| <p>Certified Mail Fee</p> | |
| <p>\$</p> | |
| <p>Extra Services & Fees (check box, add fee as appropriate)</p> | |
| <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> | |
| <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> | |
| <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> | |
| <p><input type="checkbox"/> Adult Signature Required \$ _____</p> | |
| <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p> | |
| <p>Postage</p> | |
| <p>\$</p> | |
| <p>Total Postage and Fees</p> | |
| <p>\$ 60.607</p> | |
| <p>Sent To</p> | |
| <p>James Springer Street and Apt. No., or PO Box No. 3004 Chiesa</p> | |
| <p>City, State, Zip+4® Rawlett, Texas 75088</p> | |

USPS TRACKING #



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 3340 7227 2231 79

United States
Postal Service

* Sender: Please print your name, address, and ZIP+4® in this box*

LEON VALLEY POLICE DEPT.
6400 El Verde Road
Leon Valley, Texas 78238

PROPERTY ROOM

05/2018 05:57

| | | | |
|--|--|---|--|
| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
| <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature <i>X James Springer</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>James Springer</i></p> <p>C. Date of Delivery <i>7/15</i></p> | |
| 1. Article Addressed to: | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| <p><i>James Springer</i> 3006 Chiesa Rowlett, Texas 75088</p>  <p>9590 9402 3340 7227 2231 79</p> | | <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p>All Mail Restricted Delivery 0)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> | |
| 2. Article Number (Transfer from service label) | | PS Form 3811, July 2015 PSN 7530-02-000-9053 18-3942 | |
| Domestic Return Receipt | | | |